

Class	Subclass
ISSUE CLASSIFICATION	

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PATENT NUMBER

U.S. **UTILITY** Patent Application

<p>O.I.P.E.</p> <p>SCANNED <u>MSD</u> Q.A. <u>SW</u></p>	<p>PATENT DATE</p>
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APPLICATION NO. 09/942439	CONT/PRIOR D	CLASS 433	SUBCLASS 167	ART UNIT 3732	EXAMINER Lewis
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## APPLICANTS

## Oral Sekunder

04/270,856

**TITLE**

One visit dental prosthesis

PTO-2040  
12/89

## ISSUING CLASSIFICATION

[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>		<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner)		_____ (Date)	
	<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____		<b>NOTICE OF ALLOWANCE MAILED</b>	
			<b>ISSUE FEE</b>	
<input type="checkbox"/> The terminal ____months of this patent have been disclaimed.	_____ (Primary Examiner)		_____ (Date)	
	_____ (Legal Instruments Examiner)		_____ (Date)	
<b>ISSUE BATCH NUMBER</b>				

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Form **PTO-438A**  
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**(FACE)**